

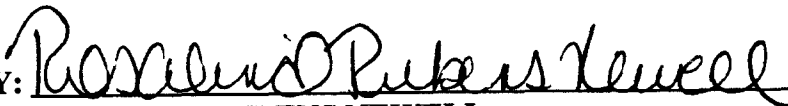
00-*P*-1749

Entered -01-28-00 - sb  
CL 00L0039 - GWENDOLYN BURNS

CLAIM OF: JAMES N. DAVIS  
3206 Post Woods Drive, Apt. A  
Atlanta, Georgia 30339

For vehicular damages alleged to have been sustained from a  
construction cut that was left open and in an unsafe condition on  
January 2, 2000 at Habersham Road at Valley Road.

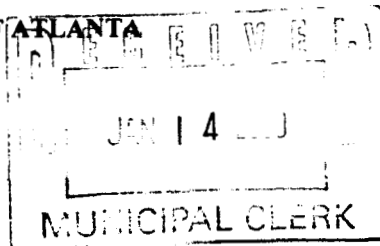
THIS ADVERSED REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK

City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

Dear Municipal Clerk:



RE: CLAIM FOR DAMAGES

Today's Date: \_\_\_\_\_

ENTERED - 1-28-00 - SB  
00L0039 - GWEN BURNS

\$ 350.00

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \_\_\_\_\_ property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: JAN. 2, 2000 2. Time of Incident: 2:30pm 3. Police called: Yes ☒ No ☐

4. Location of incident (including street address): HABERSHAM Rd AT VALLEY Rd

5. Name of your insurance company: STATE FARM Policy No. 1329647A67 11F

6. State what and how incident occurred: SEE ATTACHED LETTER AND PHOTOS

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: BMW 1985 44BP7 254-76-2005  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant 00-R-1749

JAMES W. DAVIS  
(Print Claimant's Name)  
3206 POST WOODS DR. APT. A.  
(Address)  
ATLANTA, GA 30339  
(City, State and Zip Code)  
770/953-8305  
(Work Number) (Home Number)

(912) 634-5227